

## AFFIDAVIT OF LOST OR DESTROYED WARRANT

STATE OF WASHINGTON                     )  
  )  
COUNTY OF \_\_\_\_\_) \_\_\_\_\_ FUND

WARRANT NO. \_\_\_\_\_

I, \_\_\_\_\_, having been duly sworn, depose and say that I am the proper owner, payee, or legal representative of such owner or payee of the State of Washington's Warrant No. \_\_\_\_\_ dated \_\_\_\_\_, in the amount of \_\_\_\_\_ dollars and that said warrant has been lost, destroyed, or not delivered to me, and to the best of my knowledge has not been paid.

Witness if signed by "X"

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington

Residing at \_\_\_\_\_

### WARRANT CANCELLATION AUTHORIZATION

AGENCY/SUB	ISSUE DATE	BIENNIUM		WARRANT NUMBER
NAME				REGISTER NUMBER
ADDRESS	CITY	STATE	ZIP	FUND
AUTHORIZED BY		PHONE		
			TOTAL	